

Testimony in Support of H.B. 6550 AN ACT CONCERNING THE OFFICE OF HEALTH STRATEGY'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO COMMUNITY BENEFITS PROGRAMS ADMINISTERED BY HOSPITALS

Public Health Committee

Dear Senator Mary Daugherty Abrams, Representative Jonathan Steinberg, and Members of the Public Health Committee,

My name is Kristin Fortier and I live in Mansfield, Connecticut.
I stand in support of HB 6550 An Act Concerning the Office of Health Strategy's Recommendations Regarding Various Revisions to Community Benefits Programs Administered by Hospitals.

Tying community benefit programs to needs identified in community health needs assessments (CHNA) is a critical component of hospitals serving as “anchor institutions” in their communities and can advance health equity by addressing barriers to health. A Community Benefits Program that tied needs to public data assessments and reports could possibly have helped to stop our Windham Hospital Obstetrics Ward from closing this past June of 2020. Many in our community were unaware of the department’s closing, no public announcement was made regarding the determination and data used for this closing was not made public. This is a terrible outcome for families in our region who must now drive 30-40 minutes to the towns of either Norwich or Manchester for services. This is appalling to learn that an expecting mother cannot get the care she needs to deliver right at her own community hospital. If Hartford Healthcare, which now owns Windham Hospital, were to have provided all the assessment reports behind the reason for this closing and included the community in its plans, we could have worked with the Hospital leaders to change this outcome or at the least been a part of these conversation and had some say in what is happening in our own community.

The pandemic has highlighted how important community resources are to maintaining health in times of vulnerability. Community benefit dollars can address health disparities and the social determinants of health that contribute to them. Supporting a community benefit and community building spending floor ensures that nonprofit hospitals’ reinvestments stay local and help to financially support needed community resources. Nonprofit hospitals are exempt from state and federal corporate income taxes as well as property taxes that would otherwise fund local resources. These Community benefit dollars are extremely important to our local organizations and support systems here in Windham County. I work for an organization called WAIM, Windham Area Interfaith Ministry, which is made up of roughly 35 Faith Groups in our region. We raise funds many times a year to support the financial needs of our community. If our Community Hospital has funds that it is legally required to spend on community organizations and its members, then it is vital to know how those funds are spent and if they are benefiting the community and backed by data. So many organizations like the one I work

for can benefit from accessible funds for folks to pay for medical bills, rent and basic household needs.

Reporting should include information about health outcomes, detailed uniform data describing the demographic makeup of the community, and how the hospital identifies and prioritizes community needs, including how the hospital solicits meaningful community input and feedback. Currently, our Obstetrics Ward at Windham Hospital is closed and coincidentally we happen to have a large portion of our community members that are South or Central American Immigrants who are now not able to access maternity care. Understanding our community needs data would directly help give our Hospital and community the collaborative information needed so our constituents can assess whether or not there is a need for a Maternity Ward. The closing of this department looks like a systemically racist outcome. We did not get to have data that demonstrated and supported the Hospital's decision to close the Obstetrics Unit and community members were not included in the conversations to close. This data and transparency are imperative and the lack of them makes Hartford Healthcare culpable in the negative effects to families who need may not be able to access the care they need.

I believe that changes to community benefit regulations should: define "meaningful participation," explicitly require that community participation reflect the demographics of each hospital's community, require standardized reporting of data on the race, ethnicity, primary language, disability status, sexual orientation, and gender identity of the community, and include a public comment period to solicit public feedback on annual reporting by OHS on community benefit programs.

Thank you for the opportunity to testify regarding An Act Concerning the Office of Health Strategy's Recommendations Regarding Various Revisions to Community Benefits Programs Administered by Hospitals.

Sincerely,

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The Neighbor Fund, Board Member, <http://www.theneighborfund.org/>